

## Request for Public Assistance

This is a FEMA form required to start the process. To obtain funding, it must be filled out even if you participated in the PDA process.

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>REQUEST FOR PUBLIC ASSISTANCE</b>		O.M.B. 1660-0017 Expires October 31, 2008	
<b>PAPERWORK BURDEN DISCLOSURE NOTICE</b>			
To start, fill out the top portion with the name of your jurisdiction or organization, which counties the damages are located, your physical address, and your mailing address.		The burden estimate includes the time, effort and financial information to us. You may send comments regarding reducing the burden to: Information Collections Management, Agency, 500 C Street, SW, Washington, D.C. 20472, not required to respond to this collection of information unless NOTE: Do not send your completed questionnaire to this	
APPLICANT (Political subdivision of eligible applicant)		DATE SUBMITTED	
COUNTY (Location of Damages. If located in multiple counties, please indicate.)			
<b>APPLICANT PHYSICAL LOCATION</b>			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
<b>MAILING ADDRESS (If different from Physical Location)</b>			
STREET ADDRESS			
POST OFFICE BOX	CITY	STATE	ZIP CODE
<b>Primary Contact/Applicant's Authorized Agent</b>		<b>Alternate Contact</b>	
NAME	NAME		
TITLE			
BUSINESS PHONE	BUSINESS PHONE		
FAX NUMBER	FAX NUMBER		
HOME PHONE (optional)	HOME PHONE (optional)		
CELL PHONE	CELL PHONE		

E-MAIL ADDRESS		If you participated in the PDA process check yes. Otherwise check no.
PAGER & PIN NUMBER		
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Private Non-Profit Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which of the facilities identified? _____ Title 44 CFR Part 206.221(e) defines: _____ medical or custodial care facility, including services to the general public, and such as zoos, community centers, libraries, hospitals, provide health and safety services of _____ Private Non-Profit Organizations means: _____ If your organization is a school or educational facility, please attach information on accreditation or certification _____ Organization Charter or By-Laws. _____ profit educational, utility, emergency, providing essential governmental type mental service facility means museums, es, shelter workshops and facilities which e general public."		
Official Use Only: FEMA-____-DR-____-____ FIPS # _____		Date Received: _____

FEMA Form 90-49, FEB 06 REPLACES ALL PREVIOUS EDITIONS.

At this point, everyone but private non-profits can fax, email, mail, or hand deliver the form to a State Public Assistance Coordinator.

For your convenience, if you are using the PDF format, you can click on the button labeled "Submit Form" to have it emailed directly to us

Please fill out the following form. When finished, click Submit Form to return the completed form. You can save data typed into this form.

Highlight Fields Submit Form

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY

O.M.B. NO. 1660-0017  
Expires April 30, 2013

Private non-profit organizations also need to complete the PNP facility questionnaire in full and send the questionnaire, RPA, Tax Exemption Certificate, Organization Charter or By-laws, leases, and insurance policies. If the organization is a school or educational facility, information on accreditation or certification also must be sent.

<b>DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY PNP FACILITY QUESTIONNAIRE</b>	<b>OMB No. 1660-0017</b> Expires October 31, 2008
<b>PAPERWORK BURDEN DISCLOSURE NOTICE</b> Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimates includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0017). Submission of the form is required to obtain or retain benefits under the Public Assistance Program. Please do not send your completed form to the above address.	
FEMA and State personnel will use this questionnaire to determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization (See 4 CFR 206.221). Owners of critical facilities (i.e., power, water (including provided by an irrigation organization or facility, if it is not provided solely for irrigation purposes), sewer, wastewater treatment, communications and emergency medical care) can apply directly to FEMA for assistance for emergency work (debris removal and emergency protective measures) and permanent work (repair, restore or replace a damaged facility). Owners of non-critical facilities can apply directly to FEMA for assistance for emergency work, but must first apply to the U.S. Small Business Administration (SBA) for assistance for permanent work. If the owner of a non-critical facility does not qualify for an SBA loan or the cost to repair the damaged facility exceeds the SBA loan amount, the owner may apply	
1. Name of PNP Organization: _____ 2. Name of the damaged facility and location: _____ 3. What is the primary purpose of the damaged facility? _____ 4. Is the facility a critical facility as defined above? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Who may use the facility? _____ 6. What fee, if any, is charged for the use of the facility? _____ 7. Was the facility in use at the time of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Did the facility sustain damage as a direct result of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. What type of assistance is being requested? _____ 10. Does the PNP organization own the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. If "Yes," obtain proof of ownership; check here if attached. <input type="checkbox"/> 12. Does the PNP organization have legal responsibility to repair the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. If "Yes," provide proof of legal responsibility; check here if attached. <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Is the facility insured? <input type="checkbox"/> Yes <input type="checkbox"/> No 15. If "Yes," obtain a copy of the insurance policy; check here if attached. <input type="checkbox"/>	
Additional information or comments:           	
CONTACT PERSON _____	TELEPHONE NO. _____